

NJ-1040EZ

2003

STATE OF NEW JERSEY INCOME TAX-RESIDENT RETURN

Fill in ☐ if application for Federal extension is enclosed or enter confirmation # _____

Round down all amounts less than 50 cents. Round up all amounts of 50 through 99 cents. **DO NOT ENTER CENTS.**

5R

IMPORTANT! YOU MUST ENTER YOUR SSN (s).

Your Social Security Number - -

Spouse's Social Security Number - -

County/Municipality Code (See Table page 31)

Place label on form if all preprinted information is correct. Otherwise, print or type your name and address.
Last Name, First Name and Initial (Joint filers enter first name and initial of each. Enter spouse last name ONLY if different)

Home Address (Number and Street, including apartment number or rural route)

City, Town, Post Office State Zip Code

FILING STATUS (Fill in only one)

1. ☐ Single
2. ☐ Married, filing joint return
3. ☐ Married, filing separate return - must file Form NJ-1040
4. ☐ Head of household
5. ☐ Qualifying widow(er)

EXEMPTIONS

6. Regular ☐ Yourself ☐ Spouse
7. Age 65 or Over ☐ Yourself ☐ Spouse
8. Blind or Disabled ☐ Yourself ☐ Spouse
9. Number of your qualified dependent children
10. Number of other dependents
11. Dependents attending colleges
12. Totals (For Line 12a - Add Lines 6, 7, 8, and 11) (For Line 12b - Add Lines 9 and 10)

Exemptions: 12c. Line 12a _____ x \$1,000 = _____

12d. Line 12b _____ x \$1,500 = _____

12e. Total Exemption Amount.
Add Lines 12c and 12d. Enter result here and on Line 17.

13. Wages, Salaries, Tips, etc. (Enclose W-2)..... ,
- 14a. Taxable Interest Income..... ,
- 14b. Tax-Exempt Interest Income... ,
Do NOT include on Line 14a
15. Dividends..... ,
16. NJ Gross Income (Add Lines 13, 14a, and 15)..... ,
(See instructions)
17. Total Exemption Amount (From Line 12e)..... ,
18. Medical Expenses (See instructions)..... ,
19. Taxable Income (Line 16 minus Lines 17 and 18)..... ,
20. Property Tax Deduction (See instructions)..... ,
21. NEW JERSEY TAXABLE INCOME..... ,
(Line 19 minus Line 20)
22. Tax (From Tax Table, page 33)..... ,
23. Use Tax Due on Out-of-State Purchases..... ,
If no Use Tax, enter a ZERO (0)
24. Total Tax (Add Line 22 and Line 23)..... ,
25. NJ Income Tax Withheld (Enclose W-2)..... ,
26. Property Tax Credit (See instructions)..... ,
27. Estimated Payments/Credit from 2002 return..... ,
Fill in ☐ if Form NJ-2210 enclosed
28. New Jersey Earned Income Tax Credit..... ,
Complete schedule on Page 2
29. Total Payments and Credits (Add Lines 25 - 28).. ,
30. AMOUNT OF TAX YOU OWE (See instructions)..... ,
Fill in ☐ if paying by e-check or credit card.
31. OVERPAYMENT..... ,
(See instructions)
32. Total Deductions From Overpayment..... ,
(From Page 2, Line 8)
33. REFUND (Line 31 minus Line 32)..... ,

For Privacy Act Notification, See Instructions



EARNED INCOME TAX CREDIT SCHEDULE

You may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income Credit for 2003, your gross income on Line 16, Form NJ-1040EZ is \$20,000 or less, and your filing status for New Jersey is the same as your filing status on your Federal income tax return. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Earned Income Tax Credit if your filing status is single or married, filing separate return or if you answer "No" to question 1 below. See instructions.

1. Did you file a 2003 Federal Schedule EIC on which you listed at least one "qualifying child"?..... ☐ Yes ☒ No

2. Fill in oval if you had the IRS figure your Federal Earned Income Credit ☐

3. Enter amount of Federal Earned Income Credit from your 2003 Federal Form 1040 or 1040A ,

4. Enter 20% of amount on Line 3 here and on Page 1, Line 28.....

GOVERNMENTAL ELECTIONS FUND (If you fill in the Yes oval(s) it will not increase your tax or reduce your refund)

Do you wish to designate \$1 of your taxes for this fund? ☐ Yes ☒ No
If joint return, does your spouse wish to designate \$1? ☐ Yes ☒ No

DEDUCTIONS FROM OVERPAYMENT

1. Credit to your 2004 tax.....	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
2. N.J. Endangered Wildlife Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	ENTER AMOUNT OF CONTRIBUTION
3. N.J. Children's Trust Fund to Prevent Child Abuse <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	
4. N.J. Vietnam Veterans' Memorial Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	
5. N.J. Breast Cancer Research Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	
6. U.S.S. New Jersey Educational Museum Fund..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	<input type="text"/> <input type="text"/> <input type="text"/>
7. Other Designated Contribution (See instruction page 26)..... <input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> Other	0 <input type="text"/> <input type="text"/>
8. Total Deductions From Overpayment. (Add Lines 1 through 7) Enter here and on Page 1, Line 32	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

HOMESTEAD REBATE APPLICATION

1. Enter the GROSS INCOME you reported on Line 16, Form NJ-1040EZ..... 1 ,

2. Enter your New Jersey address on December 31, 2003, if different from address on Page 1.

Street Address _____ Municipality _____

3. Fill in your residency status during 2003 ☐ HOMEOWNER ☒ TENANT

4. If you indicated "Homeowner" on Line 3, enter the block and lot number of the residence for which the rebate is claimed.

Block

Lot Qualifier

5. If homeowner, enter the total 2003 property taxes you (and your spouse) paid on your principal residence in New Jersey during 2003 5 ,

6. If tenant, enter the total rent you (and your spouse) paid on your principal residence in New Jersey during 2003..... 6 ,

Division Use

1

2

3

4

5

6

7

Under penalties of perjury, I declare that I have examined this income tax return and homestead rebate application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.



Your Signature

Date



Spouse's Signature (if filing jointly, BOTH must sign)

I authorize the Division of Taxation to discuss my return and enclosures with my preparer (below) ☐

If you do not need forms mailed to you next year, fill in ☐



Paid Preparer's Signature

Federal Identification Number

Firm's Name

Federal Employer Identification Number

Pay amount on Line 30 in full. Write social security number(s) on check or money order and make payable to:

STATE OF NEW JERSEY - TGI

Mail your check or money order with your NJ-1040EZ-V payment voucher and your return to:

NJ Division of Taxation
Revenue Processing Center
PO Box 641
Trenton, NJ 08646-0641

IF REFUND:

NJ Division of Taxation
Revenue Processing Center
PO Box 640
Trenton, NJ 08646-0640

You may also pay by e-check or credit card. For more information go to:
www.state.nj.us/treasury/taxation